NOTIC	CE OF STATUS CHANGE			
TO: NAME			OFFICE NUMBER:	
CASE NAME:		NUMBER:	WORKER NO.:	
	☐ AFDC - INCOME MAINTENANCE UNIT	☐ EDD - JOB SERVICE		
APPLICANT/RECIPIENT NAME		SSA NO.		
Please c	heck the status and complete the information which applies	to the above applicant/recipient.		
FROM:	AFDC - INCOME MAINTENANCE UNIT:			
Defiled AFDC, date		_	omply with work registration requirements.	
	Discontinued, date	Employed, beginnin		
	Exempt from work registration, date	Hours per	☐ Week ☐ Month ☐ Hour ☐ Week ☐ Month	
	Medical exemption requested, date	JOB TITLE		
	Confirm within 30 days:	EMPLOYER NAME		
	Approved, date	ADDRESS	STREET	
	Denied, date	CITY	ZIP CODE	
		TELEPHONE		
	Other (shange of address etc. See comments)	Other (See comments)		
COMMENTS	Other (change of address, etc., - See comments)	Other (See comments)		
FROM: NAM	//E (PLEASE PRINT)	TELEPHONE NO.	DATE	
FROM. NAME (PLEASE PRINT)				
			32	
CA 331/333 (1	11/99) RECOMMENDED FORM		3.112	
CA 331/333 (1	11/99) RECOMMENDED FORM			
	11/99) RECOMMENDED FORM SALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY		CALIFORNIA DEPARTMENT OF SOCIAL SERVICES	
STATE OF C	CE OF STATUS CHANGE		CALIFORNIA DEPARTMENT OF SOCIAL SERVICES EMPLOYMENT DEVELOPMENT DEPARTMENT	
STATE OF C	CE OF STATUS CHANGE		CALIFORNIA DEPARTMENT OF SOCIAL SERVICES	
STATE OF C	CE OF STATUS CHANGE	NUMBER:	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES EMPLOYMENT DEVELOPMENT DEPARTMENT	
STATE OF CONTROL NAME	CE OF STATUS CHANGE	NUMBER: D EDD - JOB SERVICE	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES EMPLOYMENT DEVELOPMENT DEPARTMENT OFFICE NUMBER:	
NOTIO TO: NAME	CE OF STATUS CHANGE		CALIFORNIA DEPARTMENT OF SOCIAL SERVICES EMPLOYMENT DEVELOPMENT DEPARTMENT OFFICE NUMBER:	
NOTIC TO: NAME CASE NAME	CE OF STATUS CHANGE E: AFDC - INCOME MAINTENANCE UNIT	EDD - JOB SERVICE	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES EMPLOYMENT DEVELOPMENT DEPARTMENT OFFICE NUMBER:	
NOTIC TO: NAME CASE NAME	CE OF STATUS CHANGE E: AFDC - INCOME MAINTENANCE UNIT	EDD - JOB SERVICE SSA NO. to the above applicant/recipient. FROM: EDD - JOB SERVICE	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES EMPLOYMENT DEVELOPMENT DEPARTMENT OFFICE NUMBER: WORKER NO.:	
TO: CASE NAME APPLICANT/	CE OF STATUS CHANGE E: AFDC - INCOME MAINTENANCE UNIT RECIPIENT NAME Check the status and complete the information which applies	EDD - JOB SERVICE SSA NO. to the above applicant/recipient. FROM: EDD - JOB SERVICE Did not comply with	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES EMPLOYMENT DEVELOPMENT DEPARTMENT OFFICE NUMBER: WORKER NO.: DE: n work registration requirements.	
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TELEPHONE NO.

DATE

CA 331/333 (11/99) RECOMMENDED FORM

COMMENTS

FROM: NAME (PLEASE PRINT)